Attorney Docket No.	MA03-004	Total Pages	2
First Named Inventor or A	Application Identifier Berr	nstein et al	
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Title: Integrated Continue	ous Spectrum Spatial Ligh	it iviodulator	

PATENT APPLICATION					
TRANSMITTAL		itle: Integrated Continuo	ous Spectrum S	Spatial Light Modul	ator
(Only for new nonprovisional applications under 37 C	C.F.R. § 1.53(b)) E	Express Mail Label No. EU !		11306206 US	
CERTIFICATE OF EXPRESS MAIL UNDER I hereby certify that this paper or fee is being deposited States Postal Service "Express Mail Post Office to A under 37 CFR 1.10 on the date indicated below and is A Stop Patent Application, Commissioner of Patents, Alexandria, VA 22313-1450	with the United ddressee" service addressed to Mail	ADD	RESS TO:	Mail Stop Paten Commissioner of P.O. Box 1450 Alexandria, VA	of Patents
onJuly 31, 2003	US				
1. × * Fee Transmittal Form	L	5.	Microfiche	e Computer Progra	m (Annendix)
* Fee Transmittal Form (Submit an original and a duplicate for fee pro	cessing)	٥. 🗀	MICTORCHE	e Computer Progra	m (Appendix)
2. Specification (preferred arrangement set forth below)	[Total Pages		eotide and/or A plicable, all ned	mino Acid Sequen	ce Submission
- Descriptive title of the Invention		a.	·	outer Readable Cop	ру
- Cross References to Related Applications - Statement Regarding Fed sponsored R&D		b.	Paper	r Copy (identical to	computer copy)
 Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention 		C.	Stater	ment verifying iden	tity of above copies
- Brief Description of the Drawings (if filed)		ACCOME	PANYING APP	LICATION PARTS	
- Detailed Description		7.	Assignme	ent Papers (cover s	heet & document(s))
Claim(s)Abstract of the Disclosure		8.		§ 3.73(b) Stateme ere is an assignee)	nt Power of Attorney
	Total Sheets	9.		ranslation Docume	nt (if applicable)
4. Oath or Declaration	Total Pages -	2 10.	Informatio Statement	on Disclosure t (IDS)/PTO-1449	Copies of IDS Citations
a. Executed (original or copy)		11.	Preliminar	ry Amendment	
b. Copy from a prior application (37 C.F.R. (for continuation/divisional with Box 16 c	. § 1.63(d)) completed)	12.	<u>. N</u>	eceipt Postcard (Mi e specifically itemiz	· · · · · · · · · · · · · · · · · · ·
i. <u>DELETION OF INVENTOR(S)</u>		14.	Certified C		Other:
Signed statement attached deleting in application, see 37 C.F.R. §§ 1.63(d)(ior :	(if foreign claimed)	ocument(s) priority is	
16. If a CONTINUING APPLICATION, check appropris	ate box, and supply the	requisite information be	low and in a pr	eliminary amendm	ent:
	nuation-in-part (CIP) of				
Prior application information: Examiner:	antina diaplacena of the	Group / /		de claustien is summ	lied under Bey 4h
For CONTINUATION or DIVISIONAL APPS only: The s considered as being part of the disclosure of the a					ilea unaer box 40,
reference. The incorporation can only be relied upor					s
	17. CORRES	PONDENCE ADDRESS			
Customer Number or Bar Code Label	31362	& 22928	or 📋	Correspondence	address below
NAME Corning Incorporated					
ADDRESS 45 Nagog Park					
CITY Acton	STATE	MA			01720
COUNTRY USA	TELEPHONE	978-635-2289		AX	(978) 635-2488
Name (Print/Type) Joanne N. Pappas		Registration			40,117
Signature M Kays	7		Date J	uly 31, 2003	

FEE TRANSMITTAL for FY 2003

Application Number To Be Assigned
Filing Date Herewith
First Named Inventor Bernstein et al
Examiner Name To Be Assigned
Group / Art Unit To Be Assigned

Atterney Decket Number MAGS 004

TOTAL AMOUNT OF PAYMENT (\$)750.00	Attorney Docket Number MA03-004
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES
indicated fees and credit any overpayments to: Deposit	Large Entitly
Account 03-3325	Fee Fee Fee Description Fee Pair Code (\$)
Number	- Code (Φ)
Deposit	1051 130 Surcharge - late filing fee or oath
Account Name Corning Incorporated	1052 50 Surcharge - late provisional filing fee or cover sheet
Charge Any Additional Fees Required	1053 130 Non-English specification
Under 37 C.F.R. §§ 1.16 and 1.17 2. Payment Enclosed:	1812 2,520 For filing a request for reexamination
☐ Check ☐ Money Order ☐ Other	1804 920* Requesting publication of SIR prior to
FEE CALCULATION	Examiner action
1. BASIC FILING FEE Large Entitly	1805 1,840 Requesting publication of SIR after Examiner action
Fee Fee Fee Description Fee Paid	1251 110 Extension for reply within first month
Code (\$)	1252 410 Extension for reply within second month
	1253 930 Extension for reply within third month
1001 750 Utility filing fee <u>750.00</u>	1254 1,450 Extension for reply within fourth month
1002 330 Design filing fee	1255 1,970 Extension for reply within fifth month
1003 520 Plant filing fee	1401 320 Notice of Appeal
1004 750 Reissue filing fee	1402 320 Filing a brief in support of an appeal
1005 160 Provisional filing fee	1403 280 Request for oral hearing
SUBTOTAL (1) (\$)750.00	1451 1,510 Petition to institute a public use proceeding
2. EXTRA CLAIM FEES	1452 110 Petition to revive - unavoidable
Extra Fee from Claims below Fee Paid	1453 1,300 Petition to revive - unintentional
Total Claims $-20^{**} = x \cdot 18 = 00.00$	1501 1,300 Utility issue fee (or reissue)
Independent - $3^{**} = x \ 84 = 00.00$	1502 470 Design issue fee
Claims	1503 630 Plant issue fee
Multiple Dependent 0 = 0.00	1460 130 Petitions to the Commissioner
**or number previously paid, if greater; For Reissues, see below	
Large Entity	1807 50 Petitions related to provisional applications 1806 180 Submission of Information Disclosure Stmt
Fee Fee Fee Description Code (\$)	
1202 18 Claims in excess of 20	8021 40 Recording each patent assignment per property (times number of properties)
1201 84 Independent claims in excess of 3	1809 750 Filing a submission after final rejection
1203 280 Multiple dependent claim, if not paid	(37 C.F.R. § 1.129(a))
1204 84 ** Reissue independent claims over original patent	1810 750 For each additional invention to be examined (37 C.F.R § 1.129(b))
1205 18 ** Reissue claims in excess of 20 and over original patent	1801 750 Request for Continued Examination (RCE) 1802 900 Request for expedited examination of a design application
SUBTOTAL (2) (\$)00.00	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)
SUBMITTED BY	Completed (if applicable)

SUBMITTED BY			Completed (if applicable	e)
Name (Print/Type)	Joanne N. Pappas	Registration N	o. (Attorney/Agent)	40,117
Signature	M. Papon	Date	7-31	-03